

No. 300
10. 48

FILED JAN 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. **41557**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **4352** Registrar's No. **621**

1. PLACE OF DEATH
 a. COUNTY **Morgan**
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **Versailles**
 c. LENGTH OF STAY (in this place) (Specify township) **Lifetime**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **300 S. Seymour**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Morgan**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Versailles**
 d. STREET ADDRESS (If rural, give location) **300 S. Seymour**

3. NAME OF DECEASED
 a. (First) **Thomas** b. (Middle) **Riley** c. (Last) **Brown**
 4. DATE OF DEATH (Month) (Day) (Year) **Dec. 29, 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**
 8. DATE OF BIRTH **June 26, 1856** 9. AGE (In years last birthday) **94** IF UNDER 1 YEAR Months **6** Days **3** IF UNDER 12 HRS. Hours **3** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**
 10b. KIND OF BUSINESS OR INDUSTRY **Retired**
 11. BIRTHPLACE (State or foreign country) **Morgan Co., Missouri**
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Cryus Brown** 13b. MOTHER'S MAIDEN NAME **Sophia Wilson** 14. NAME OF HUSBAND OR WIFE **Never Married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No**
 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Mrs Maude Seigel** ADDRESS **Versailles, Mo**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Virus pneumonia + gastroenteritis** (b) **Chronic uremia** (c) **Nodular enlargement of prostate**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Advanced generalized arteriosclerosis**
 DUE TO (c) **30 years**

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
18 hrs.
2 months
30 years
30 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **610X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **July 1, 1950** to **Dec 29, 1950**, that I last saw the deceased alive on **Dec 28, 1950**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Jack Gunn M.D.** 23b. ADDRESS **Versailles Mo.** 23c. DATE SIGNED **12-20-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Dec. 31-50** 24c. NAME OF CEMETERY OR CREMATORY **Versailles Cemetery** 24d. LOCATION (City, town, or county) (State) **Versailles, Missouri**

DATE REC'D BY LOCAL REG. **Jan 5-1951** REGISTRAR'S SIGNATURE **J. L. Washburn, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **J. F. Kuehl** ADDRESS **Versailles, Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

710
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RECEIVED 1-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-8-51

MAR 29 1951

MAR 29 1951

JAN 18 1951

SEP 19 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Raymond C. Foster
Licensed Embalmer No. 4626

P. O. Address Wessolles, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.